



Inchcape Testing Services

Caleb Brett

Z 270 749 717



Receipt for
Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	Hanlin Group
Street and No.	15 Exchange Place
P.O., State and ZIP Code	Jersey City NJ 07302
Postage	\$ 1.32
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	NOV 30 1995

November 30, 1995

Hanlin Group
c/o Alan C. Marylies
15 Exchange Place
Jersey City, NJ 07302

RE: Termination of Service Agreement

Please be advised that Caleb Brett U.S.A. Inc is giving LCP Chemicals - New Jersey, a Division of Hanlin Group Inc., thirty (30) days notice per our contract entered into on May 1, 1988, as of November 30, 1995.

Per the agreement we will quit and surrender to terminal the premises, broom clean, in the condition as found, with ordinary wear and tear accepted.

If you have any questions, please call me at (908)925-8282.

Sincerely,

Jay E. Fulmer
Area Manager

cc: Tony Nicolette
Tom Potts

189995



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

HANLINGROUP
c/o ALAN C. Marylies
15 Exchange Place
Jersey City, NJ 07302
J. Pool

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

Z 270749717

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

2-2-75

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ★U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.